

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542,985

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3/1					54						
5		1/1					55						
6		1/1					56						
7		1/1					57						
8		1/1					58						
9	1						59						
10	1						60						
11		1/1					61						
12		1/1					62						
13		1/1					63						
14		1/1					64						
15		1/1					65						
16	1						66						
17		1					67						
18		1/2					68						
19		1/1					69						
20		1/1					70						
21		1/1					71						
22		1/1					72						
23		1/1					73						
24	1						74						
25	1						75						
26		2/1					76						
27		1/1					77						
28		1/1					78						
29		1/1					79						
30		1/1					80						
31		1/1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	3/1	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	4/2						TOTAL CLAIMS						

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